Appendix A: Vermont Recommended Evidence-Based Strategies

State Health Improvement Plan 2013-2017

Tobacco Cessation Strategies

- Promote creation of smoke-free environments.
- Reduce point-of-sale marketing and product placement.
- Participate in statewide cessation media campaigns.

Tobacco Cessation – Promote creation of smoke-free environments	
Description	Smoke-free environments provide multiple normative and supportive components for tobacco control and prevention. These components include: 1) creating tobacco free social norms; 2) creating indoor and outdoor smoke-free supportive environments that encourage cessation; and 3) implementing harm reduction through decreased secondhand smoke exposure.
Ages	18+ years
Gender	All
Race/Ethnicity	All
Prevention Model Level	Policy/Systems, Organizations and Community
Potential Implementation Settings	Statewide, Communities and/or Organizations
Geographic Location	Urban/Rural
Source	CDC Best Practices for comprehensive Tobacco Control Programs: http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm 2012 Surgeon General's Report – Prevention Tobacco Use Among Youth and Young Adults: http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/index.html
Potential Activities	Activities found in FY13 Community Prevention Grants for Tobacco: • Provide education to the community regarding smoke/tobacco-free public parks, beaches, and other open-air places and/or spaces. • Provide education to the community regarding smoke/tobacco-free post-secondary education institutions and health care organization campuses. • Provide education to the community regarding smoke/tobacco-free outdoor events (fairs, concerts, etc.) or business campuses.
Vermont Examples	Vermont has several smoke-free municipal ordinances, a number of smoke-free parks, smoke free hospitals and business campuses.

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Tobacco Cessation – Reduce point-of-sale marketing and product placement	
Description	Research shows that 90% of tobacco industry marketing dollars are spent at the point of sale. Reducing tobacco's presence (e.g. power wall advertising and placement around the store environment) correlates to reduced consumption and de-normalizing tobacco.
Ages	18+ years
Gender	All
Race/Ethnicity	All
Prevention Model Level	Policy/Systems, Organizations and Community
Potential Implementation Settings	Statewide, Communities and/or Retailers
Geographic Location	Urban/Rural
Source	FDA Family Prevention Smoking and Tobacco Control Act (as cited in The Legal Landscape) – Vermont's Tobacco Control Laws (Center for Public Health and Tobacco Policy): http://www.tobaccopolicycenter.org/documents/VT_Legal_Landscape_Updated.pdf
Potential Activities	Activities found in FY13 Community Prevention Grants/Tobacco: • Provide education to the community regarding tobacco product placement. • Provide education to the community regarding tobacco advertising. • Provide education to the community on the effects of location, density and type of tobacco retail outlets.
Vermont Examples	Coalitions work with Vermont retailers to voluntarily reduce tobacco advertising.

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Tobacco Cessation – Participate in statewide adult cessation media campaigns with a focus on reaching segmented populations with high tobacco use prevalence	
Description	Statewide implementation of adult cessation campaigns that include multi-factorial media strategies including local media outlets, radio, TV, direct mail, and community outreach. This implementation strategy is referenced as common theme messaging that enhances community involvement and "call to action" uptake.
Ages	All
Gender	All
Race/Ethnicity	All
Prevention Model Level	Policy/Systems, Organizations and Community
Potential Implementation Settings	Statewide and Community
Geographic Location	Urban/Rural
Source	CDC Best Practices for comprehensive Tobacco Control Programs: http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm Research Triangle Institute: http://humanservices.vermont.gov/boards-committees/tobacco-board/vterb-2012-annual-report-01-17-2012.pdf/view
Potential Activities	• Engage community members in cessation and media activities online and in nontraditional settings in time limited campaigns. • Gain earned media around tobacco at the community level. • Engage nontraditional partners in targeted campaigns.
Vermont Examples	Vermont Adult Cessation Campaigns, 2002-2011.

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Physical Activity and Healthy Eating Strategies

- Create or enhance access to locations for physical activity and healthy eating.
- Provide incentives to food retailers to locate in underserved areas and to offer healthier food and beverage choices.
- Promote increased physical activity and healthy eating options at worksites.
- Encourage increased availability of healthier food and beverage choices at public service venues, including schools.
- Restrict availability of less healthy foods and beverages at public service venues, including child care settings.

Physical Activity & Healthy Eating – Create or enhance access to locations for physical activity and healthy eating (Healthy Community Design)	
Description	Creation, or enhancement, of access to places for physical activity and healthy eating involves the efforts of coalitions, agencies, and communities. Partnerships are essential when attempting to change the local environment to create opportunities for physical activity and improve access to healthy foods. Such changes include developing walking trails, building or improving facilities, or designating public space to support community gardens or farmers' markets.
Ages	All
Gender	All
Race/Ethnicity	All
Prevention Model Level	Policy/Systems, Organizations and Community
Potential Implementation Settings	Statewide and Community
Geographic Location	Urban/Rural
Source	The Community Guide: http://www.thecommunityguide.org/pa/environmental-policy/improvingaccess.html
Potential Activities	• Identify partners in communities with populations with lower socioeconomic status • Conduct an assessment within municipalities to identify: 1. Factors that limit mixed use development. 2. Factors that limit walkability or bikability. 3. Town support for, and resident access to, local parks, recreation facilities, and open space. 4. Barriers to access healthy food. • Using the results of the assessment(s) develop strategies for improvement: 1. Educate the community about findings and strategies.

	• Work with partners to implement and evaluate.
Vermont Examples	The Bennington County Regional Commission reviewed all of the municipal plans and bylaws in the region. The Commission noted the plans and bylaws that allow for concentrated mixed use development in village and town center areas and those that include provisions for integrated mixed use development on individual properties. An outline is being developed to facilitate reporting of the findings to the community. The Town of Morristown including Morristown Town Officials, Recreation Commission, Select Board and Village Trustees are considering development of a community park in Morrisville. The Town of Hyde Park is researching Joint Use Agreements and the possibility of public use of Lamoille Union High School's Facilities. The Rutland Regional Planning Commission reviewed and rated all of the town plans in their region for health promoting language. This is important because the language in the plans influence how the towns, and region, develop over time. The Planning Commission is now working with each town to discuss and suggest areas for improvement. The Village of Essex Junction completed a year-long bike/pedestrian assessment and community mobilization process, resulting in a comprehensive set of recommendations for the Village's Comprehensive Plan that, if adopted, will result in long term, sustainable improvements. The City of Newport dedicated a lot in a low income neighborhood for a well-received Community Garden.

Healthy Eating - Provide incentives to food retailers to locate in underserved areas and support existing retailers with providing healthier food and beverage choices (Healthy Retail Stores)	
Description	Limited availability of healthier food and beverage choices in underserved communities poses a significant barrier to improving nutrition and preventing obesity. Increasing healthy food and beverage choices involves community and retailer partnerships. Community members can advocate for healthy food and beverage offerings, assist retailers by providing signs and other in store promotional items, and promoting "healthy" retailers to the community at large.
Ages	All
Gender	All
Race/Ethnicity	All
Prevention Model Level	Policy/Systems, Community and Organizations
Potential Implementation Settings	Statewide, Organizations and Community
Geographic Location	Urban/Rural
Source	CDC's Recommended Community Strategies and Measurements to Prevent Obesity in the United States, July 2009: http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf
Potential Activities	• Conduct a community assessment. • Conduct store audits. • Based on the community assessment and store audit, work with local retailers to improve food and beverage offerings. • Promote healthy food and beverage offerings within the store. • Promote efforts of retailer to the public. • Gather data to evaluate outcomes.
Vermont Examples	Several participating retailers in the St. Johnsbury area are now selling fresh fruit. The fruit is placed on the counter near the register, readily accessible to customers. One store added organic yogurt. Another store is installing a large cooler to hold several healthy food and snack items. A 7-Eleven in the Brattleboro area is purchasing local products from Windham Farm and Food Network. One store will be purchasing local apples if they continue to sell and will share in orders with 7-Eleven if needed. The owner of Jimmy Kwik's in Newport put up Healthy Retailers material throughout the store and was satisfied with

	the press releases and publicity. The owner of Ray's Market in the Newport area is enthusiastic about the basic tenets of Healthy Retailers, carrying only fresh produce and meats in his new store in Newport City. In addition, he does not advertise tobacco or alcohol products at his store in Irasburg and does not offer sales on these items. The Westfield General Store is also very interested in ordering through Green Mountain Farm Direct and has connected with the manager of the program.

Physical Activity & Healthy Eating – Promote increased physical activity and healthy eating options at worksites	
Description	To curb rising health care costs, many employers are turning to workplace health programs to make changes in the worksite environment, and help employees adopt healthier lifestyles. Policy and environmental approaches aim to make healthy choices easier and target the entire workforce by changing physical or organizational structures. Examples of changes include: 1) improving access to healthy foods (e.g. changing cafeteria options, vending machine content) and 2) providing more opportunities to be physically active (e.g. providing on-site facilities for exercise). Evidence shows the most effective approach is to implement an evidence-based comprehensive health promotion program, coupled with environmental supports for healthy behaviors, coordinated and integrated with other wellness activities. Based on strong evidence of their effectiveness for reducing weight among employees, The Community Preventive Services Task Force recommends implementing worksite programs aimed at improving diet and/or physical activity behaviors.
Ages	Adults
Gender	All
Race/Ethnicity	All – Focus on low SES populations
Prevention Model Level	Policy/Systems and Organizations
Potential Implementation Settings	Organizations
Geographic Location	Urban/Rural
Source	The Community Guide: http://www.thecommunityguide.org/pa/environmental-policy/improvingaccess.html The CDC Worksite Health ScoreCard: http://www.cdc.gov/dhdsp/pubs/worksite_scorecard.htm
Potential Activities	• Increase the number of trained worksite wellness representatives to disseminate wellness objectives. • Identify smaller employers with lower wage earners. • Work with employers to conduct an assessment of employees and the work environment. • Based on assessment findings work with employers to adopt at least one of the VDH five priorities for workplaces including:

	1. Implement healthy food and beverage policies for vending, cafeterias, and meetings. 2. Provide employees access to refrigerators, microwaves, and break area. 3. Provide supports for physical activity; bike racks, showers, locker rooms, fitness space, stairwell signs, etc. 4. Increase access to local food through workplace Community Supported Agriculture Shares (CSAs), on site farmers markets or gardens. 5. Create a tobacco free environment; create a campus-wide tobacco free policy, support tobacco cessation efforts. • Assure that health promotion programs and education materials are tailored to the language, literacy levels, culture, or readiness to change of various segments of the workforce. • Conduct ongoing evaluations of health promotion programming that use multiple data sources.
Vermont Examples	Using cash incentives through Vermont League of Cities and Towns, the Town of Charleston encouraged employees to participate in the Pedometer Challenge, take a Health Risk Assessment, and get a flu shot. Employees from the Chittenden Solid Waste District participated in several wellness initiatives including health risk assessments, health screenings, the Keep It Off Challenge, the Pedometer Challenge, flu clinics, healthy snacks at facilities, workshops, and the Governor's Cup race.

Physical Activity & Healthy Eating – Encourage increased availability of healthier food and beverage choices at public service venues, including schools	
Description	Ensuring public schools statewide, including those in low socio-economic status communities, provide an environment conducive to obesity prevention requires statewide change to school standards. All school-aged children should have access to healthy food choices and daily physical activity during the school day. Focusing on five key evidence-based areas allows for consistent messaging while not overwhelming the school communities. Those five key areas of focus are: 1) place all foods on campus under the direction of food service staff; 2) offer 30 minutes of daily physical activity; 3) eliminate sugary drinks and provide free drinking water 4) establish a closed campus policy; and 5) remove advertising of unhealthy foods.
Ages	5-18 years
Gender	All
Race/Ethnicity	All
Prevention Model Level	Policy/Systems and Organizations
Potential Implementation Settings	Statewide and Organizations
Geographic Location	Urban/Rural
Source	CDC's Recommended Community Strategies and Measurements to Prevent Obesity in the United States: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm
Potential Activities	• Promote Health Department's established standards on five key focus areas. • Through school wellness teams, assess current school wellness plans and identify areas for improvement based on guidelines established for the five key focus areas. • Create a realistic timeline for improvements and implement accordingly. • Increase participation in the Health Department School Wellness Awards program. • Support expansion of Farm to School programs. • Gather data to evaluate outcomes.
Vermont Examples	Vergennes High School provides supervised access to their gym facilities an hour prior to the first bell every day. The Danville School has increased the amount of physical education and activity periods provided to students, removed vending machines from the school and developed a process that requires approval by the wellness committee of fundraising requests. In addition, class parties are required to have healthy food alternatives and energy drinks and soda are not allowed at the school.

	The Chelsea School has increased prices on competitive foods, removed unhealthy beverages from vending machines and prevented bake sales from occurring during meal times. Bake sales are also required to include healthy choices.

Physical Activity & Healthy Eating – Restrict availability of less healthy foods and beverages at public service venues, including child care settings	
Description	Young children should be cared for in environments that promote healthy eating and physical activity. All child care providers should follow similar standards that have proved successful in preventing obesity. Child care providers should be educated on the childhood obesity epidemic and their role in providing a safe and supportive learning environment for their families. Support structures need to be put in place so improved practices can be sustained.
Ages	0-5 years
Gender	All
Race/Ethnicity	All – Focus on low socio-economic status populations
Prevention Model Level	Policy/Systems, Organizations and Community
Potential Implementation Settings	Statewide, Community and Organizations
Geographic Location	Urban/Rural
Source	CDC's Recommended Community Strategies and Measurements to Prevent Obesity in the United States: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm
Potential Activities	• Develop licensing guidelines for all licensed childcare settings. • Promote Health Department best practice recommendations for registered and home-based providers. • Provide training and resources for self-assessment of existing policies. • Provide training and resources for implementation of new practices. • Establish a support network that can be sustained. • Implement and evaluate outcomes.
Vermont Examples	The Y Early Childhood Program at St. Albans has made several changes to promote healthy eating including: 1) no longer allowing food for celebrations; 2) creating a My Plate food matching game 3) no longer removing food as punishment and 4) serving most meals family style. The program complies with the nutrition requirements put forth in the federal meals program for childcare.

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Substance Abuse Strategies

- Encourage use of Addictions Severity Index and the Comprehensive Health Assessment for Teens (ASI/CHAT) tool among treatment providers.
- Develop policies that restrict hours of operation of alcohol outlets and limit locations of alcohol service.
- Implement Parent Family Education Programs that have been tested and shown to increase coping, communication and family management skills with parents and youth.

Substance Abuse – Increase use of the Addictions Severity Index and the Comprehensive Health Assessment for Teens (ASI /CHAT), an evidence tool among clinicians to provide appropriate level of addiction services to individuals at risk of substance abuse	
Description	ASI is the clinical diagnostic screening tool to provide comprehensive assessment of substance-related and biosocial conditions that indicate addictions risk. CHAT is the assessment tool designed for youth.
Ages	12+ years
Gender	All
Race/Ethnicity	All
Prevention Model Level	Individual
Potential Implementation Settings	Health Department's Alcohol and Drug Abuse Program's (ADAP) Preferred Provider Treatment System
Geographic Location	Statewide
Source	Substance Abuse and Mental Health Administration (SAMHSA): www.samhsa.gov
Potential Activities	• ASI/CHAT training for trained clinicians providing addiction services. • Develop and promote program treatment approval standards. • Provide increased oversight of addiction treatment protocols.
Vermont Examples	Currently, all ADAP Preferred Treatment Providers in Vermont are utilizing the ASI/CHAT bio-psycho-social screening and assessment tool to determine addictions severity risk. Individuals at risk are referred to the most appropriate level of care.

Substance Abuse – Develop policies that restrict hours of operation of alcohol outlets and limit locations of alcohol service	
Description	Develop policies that restrict alcohol outlet density days, hours or locations of alcohol service.
Ages	12+ years
Gender	All
Race/Ethnicity	All
Prevention Model Level	Policy/Systems
Potential Implementation Settings	Community and Organizations
Geographic Location	Counties, Towns, Villages and Neighborhoods
Source	CDC Community Guide: http://www.thecommunityguide.org/index.html
Potential Activities	• Community organizing. • Community education and media advocacy on effective (evidence-based) policies. • Presentations to Select Boards.
Vermont Examples	Combined Community Grants Programs – The HealthWorks ONE Coalition in Newport Vermont is working in partnership with the Newport Zoning Administrator, Director of Parks and Recreation and the Planning Commission to reduce underage drinking by educating the community on the impact of the current open container law in Newport. Currently the open container law allows alcohol consumption from 9 a.m. to 11 p.m. in two city parks. Coalition members have shared that placing restrictions on the amount of time that drinking is allowed in the park and having restricted drinking sections at public places where children are present helps to reduce early alcohol use. The Director of Newport Parks and Recreation is supportive of reducing the hours in one of the two parks under consideration in Newport.

Substance Abuse – Implement Parent & Family Education Programs	
Description	Managed support and education programs that have been tested and shown to increase coping, communication and family management skills with parents and youth.
Ages	Parents with children <18 years
Gender	All
Race/Ethnicity	All
Prevention Model Level	Individual and Relationships
Potential Implementation Settings	Schools, Community, Organizations, Physician Practices, Churches, etc.
Geographic Location	Statewide
Source	National Registry of Effective Programs and Practices: http://www.nrepp.samhsa.gov/
Potential Activities	• Implementation and facilitation with fidelity by trained substance abuse and mental health group facilitators.
Vermont Examples	Guiding Good Choices through schools and community organizations. Nurturing Parent Programs offered through Prevent Child Abuse Vermont (PCA-VT). In Fiscal Year 2012, the Health Department's Division of Alcohol and Drug Awareness Programs supported PCA-VT to implement 14 additional Nurturing Parent Programs. These education groups improve parenting skills, increase parents' sense of empathy, attachment and knowledge of age-appropriate developmental expectations. PCA-VT has worked to integrate skills specific to alcohol and drug prevention into the curriculum. As a result, outcomes included: • 26% change in parents' comfort level in discussing alcohol, tobacco and other drug use with their children. • 32% change in parents and children's ability and willingness to establish family rules and expectations regarding alcohol, tobacco and other drug use. • 36% change in parent's knowledge of community resources addressing alcohol, tobacco and other drug use issues.

Mental Health Strategies

- Train school professionals in the *UMatter* prevention protocol and *Lifelines* curriculum.
- Train professionals (mental health, law enforcement, first responders, social service workers, primary care, and leaders of faith communities) in the National Alliance on Mental Illness (NAMI-NH) Connect model.

Mental Health – Train school professionals in the *UMatter* prevention protocol and *Lifelines* curriculum	
Description	*Lifelines* is a comprehensive, school-wide suicide prevention program for middle and high school students. The goal is to promote a caring, competent school community in which seeking help is encouraged and modeled and suicidal behavior is recognized as an issue that cannot be kept secret.
Ages	6 to 22 years
Gender	All
Race/Ethnicity	All
Prevention Model Level	Organizations and Relationships
Potential Implementation Settings	Middle Schools, Junior High Schools and High Schools
Geographic Location	Statewide
Source	SAMHSA's National Registry of Evidence-based Programs and Practices: http://www.nrepp.samhsa.gov
Potential Activities	• Train all school personnel in prevention protocol (gatekeeper model). • Teach *Lifelines* curriculum to students to: 1) promote school climate of awareness, understanding, and actively reaching out for help for self or friend, and 2) reduce stigma and secrecy around depression/anxiety and mental health concerns.
Vermont Examples	*Lifelines* training provided to 322 teachers and administrators in 38 schools around the state to date. Their knowledge is being used to: 1) formally publicize information about suicide prevention and mental health resources, especially through the *UMatter* campaign; 2) have informal talks about suicide and suicide prevention with youth and others; 3) screen youth for suicide behaviors; 4) identify youth at risk for suicide; 5) make referrals to mental health services for at-risk youth; and 6) train other staff members.

Mental Health – Train professionals in the NAMI-NH Connect model	
Description	The Connect model uses a socio-ecological approach. Connect's focus is on working with communities, especially professionals in social service fields, to identify risk and protective factors and to bring the community and key stakeholders together to improve the response to suicide events.
Ages	6 to 22 years
Gender	All
Race/Ethnicity	All
Prevention Model Level	Community, Organizations and Relationships
Potential Implementation Settings	Organizations
Geographic Location	Statewide
Source	Suicide Prevention Resource Center's Best Practices Registry (in conjunction with the American Foundation of Suicide Prevention): www.sprc.org
Potential Activities	• Train professionals in social service fields (mental health, law enforcement, first responders, social services, youth services, primary health care, and faith community leadership). • Provide information on: 1) facts regarding suicide attempts, completions, and risk factors to actively look for in their professional interactions with clients/consumers; and 2) how to successfully connect people at risk to effective support and treatment.
Vermont Examples	Working with the Prevention Coalition in Lamoille County, the Center for Health and Learning delivered training to 115 community members in the Lamoille County region and 17 of those went on to be trained as trainers. Participants were from schools, faith community, youth serving organizations, law enforcement, recovery, mental health, substance abuse, first responders, students, college staff and students, Department for Children and Families, women's shelter and other local non-profit organizations. Four trainers have completed training to maintain certification through 2014 and represent the faith community, schools, law enforcement and substance abuse. A local mental health agency conducted training within their organization shortly after being certified as trainers. Additional trainings are planned for 2013 and will include faith communities and law enforcement.

Childhood Immunization Strategies

- Encourage client reminder-recall systems in provider practices.
- Support vaccination requirements for child care, school and college attendance.
- Conduct site visits will all provider practices enrolled in Vaccines for Children (VFC) and Vaccines for Adults (VFA) annually.

Childhood Immunization – Client reminder-recall systems	
Description	A letter is sent from the Vermont Immunization Program to the parents of children between 8 and 20 months old, advising them that according to the Vermont Immunization Registry their child is not up-to-date on immunizations and they should contact their provider. The initiative was started in April 2011 and was reviewed by the Immunization Advisory Committee.
Ages	Between 8 and 20 months
Gender	All
Race/Ethnicity	All
Prevention Model Level	Policy/Systems
Potential Implementation Settings	Provider Practices
Geographic Location	Statewide
Source	Vermont Immunization Registry: http://healthvermont.gov/hc/IMR/index.aspx
Potential Activities	• Engage with practices about doing reminder-recall letters for specific vaccines or for other populations (school-entry or adolescent) for which they have low rates. • Ask practices to select a vaccine that is a high priority and send letters to individuals who are not immunized. • Evaluate effectiveness of reminder-recall letters in Vermont. • Continue efforts with VITL (Vermont Information Technology Leaders) to increase completeness of reporting into the Vermont Immunization Registry.
Vermont Examples	A quick link on the Vermont Immunization Registry on the Health Department's webpage was developed that contains instructions on how provider practices can use the registry to do reminder-recall for specific groups or vaccines.

Childhood Immunization – Vaccination requirements for child care, school and college attendance	
Description	Vaccination requirements are laws or policies requiring vaccinations or other documentation of immunity as a condition of child care, school, and college attendance. Their purpose is to reduce the incidence of vaccine-preventable disease and associated morbidity and mortality by increasing vaccination rates. Vermont Immunization Regulations: http://healthvermont.gov/regs/documents/imm_regulations.pdf Act 157 – An act relating to immunization exemptions and the immunization pilot program: http://www.leg.state.vt.us/docs/2012/Acts/ACT157.pdf
Ages	From enrollment in child care through post-secondary
Gender	All
Race/Ethnicity	All
Prevention Model Level	Policy/Systems
Potential Implementation Settings	Child Care and Schools
Geographic Location	Statewide
Source	The Community Guide: http://www.thecommunityguide.org/vaccines/universally/requirements_school.html
Potential Activities	• Formalize annual child care immunization report – have the child care report be a tab in the Vermont Immunization Registry, not a separate survey to be located on the Health Department webpage. • Annual visits by Health Department school liaisons to all school nurses to review Immunization Program requirements. Apply what was learned through the 2011 VCHIP (Vermont Child Health Improvement Program) quality improvement initiative aimed at increasing documentation of immunization status in schools. • Provide aggregated reports to schools for use in meeting new statutory requirements. • Enforcement of immunization regulations through collaboration with the Agency of Education.
Vermont Examples	Immunization regulations were revised to address child care requirement. The Health Department website was updated to meet all Act 157 requirements. A summary of the VCHIP quality improvement initiative was compiled and shared with school nurses statewide.

Childhood Immunization – Provide assessment and feedback during VFC and VFA site visits	
Description	Site visits were done to at least 60% of all provider practices enrolled in Vaccines for Children (VFC) and Vaccines for Adults (VFA) annually.
Ages	VFC – 18 years and younger VFA – 19 years and older
Gender	N/A
Race/Ethnicity	N/A
Prevention Model Level	Organizations
Potential Implementation Settings	Provider Practices and Hospitals
Geographic Location	Statewide
Source	The Community Guide: http://www.thecommunityguide.org/vaccines/universally/providerassessment.html
Potential Activities	• Offer a statewide pediatric infectious disease conference in the next year. • Increase the number of provider practices that receive annual site visits; consider regionalization of immunization designees in order to enhance understanding, gain efficiencies and reduce expenditures. • Train staff in motivational interviewing. • Increase quantitative assessments as the immunization registry becomes more complete.
Vermont Examples	A patient resource portfolio containing available immunization pamphlets/educational materials was developed. Health care providers use the portfolio to order materials for their offices. Health Department Immunization designee's role was expanded to include immunization registry training in health care provider offices.